Secrets. II-27—100,000—21-5-43.

EDUCATION AND PUBLIC HEALTH. (195 44) Department.

SERIES.

G.O. No. 2250 PUBLIC HEALTH.

Dated 24-2 9-1948.

[Despatch Abstract.]

LEPROSY - SECOND HEALTH MINISTERS' CONFERENCE HELD AT New DELHI IN AUGUST 1948 - PAPERS RECORDED.

SECOND HEALTH MINISTERS' CONFERENCE -AUGUST,1948.

Resolutions on Agenda Item.No.5.

L E P R O S Y.

The Conference recongnises the magnitude, urgency and importance of the leprosy problem in India and recommends, for the consideration of Governments, the adoption of the following measures:

(1) Provincial leprosy organisation.

The creation of the post of a Provincial Leprosy Officer under each Health Department in each province is strongly recommended. In those provinces in which the preventive and curative health functions are combined in the same administrative head, the Director of Health Services, the Leprosy Officer will naturally be on the staff of the Director. In certain provinces the posts of administrative heads of medical and public health departments are separate. In such cases the question arises as to which officer should control the activities of the Provincial Leprosy organisation and its head, the Provincial leprosy officer. Taking into consideration the importance of the preventive aspect of the campaign, it is recommended that the Provincial leprosy organisation may be attached to the Director of Public Health and a necessary corrolary to this decision would be that the institutions for the treatment of the disease will have also have to be brought under the control of the Director of Public Health. Under each Provincial Leprosy Officer there should be a Provincial Survery Officer whose function. would be to collect and correlate data regarding the prevalence and the disease in various parts of the Provinces. In each district there should also be a Leprosy Unit convering both curative and preventive aspects of the problem. To every district headquarters hospital should be attached a medical officer in charge of the curative side of leprosy. There should be accommodation in the hospital for the admission of at least 25-30 patents. Working side by side with this officer there should also be a district survey officer whose duty it would be to investigate the position of leprosy with regard to its incidence, local factors influencing increase or decrease of the prevalence of the disease as well as the possibility of setting up leprosy preventive schemes.

(2) Leprosy institutions.

The organisation of leprosy institutions on an adequate scale is essnetial as part of the compaign against the disease. A modern leprosy institution should provide for adults' and children's sections, a section for research and another for investigation into the methods of occupational therapy and methods of relief and rehabilitation of patients who are deformed. Those institutions should not be of the type of "leper asylums" where two or three hundred patients are housed with inadequate medical attention and insufficient arrangements for their confort.

The practical application of the sulphone groups of drugs on a sufficiently large scale to secure results which might prove conclusive is essential. It is urged that the import of these drugs, particularly for experimental purposes, should be unrestricted especially when they are supplied to persons who are known to be specialists in the disease.

(3) Central of leprosy in groups of villages.

Leprosy, unlike tuberculosis, is largely a village disease. The vital need in leprosy central is planned experimental work in selected groups of highly endemic villages, directed towards the control and gradual elimination of leprosy in those groups of villages. Every case in an area should be accounted for, and even infective case taught to observe the necessary preventive precautions chiefly by adopting one or other of the recognised methods of isolation viz:

(a) home isolation;

'b' group isolation in agricultural and occupational

colonies.
(c) night isolation;
(d) institutional isolation.

Such measures should be made enforceable by law, in the selected epidemic areas.

The whole scheme should have for its central object the protection of children that are constantly exposed to infection in their homes and surroundings.

(4) Organisation of leprosy teaching.

Medical Colleges and teaching hospitals attached to them there should be leprosy units in charge of persons well versed in leprology in order to develop undergraduate and post-graduate training on sound lines. The organisation of refresher courses to workers in leprosy is equally important.

(5) (a) Organisation of social assistance and welfare.

The modern trend in medicine is to relate the illness of a patient to his social background and to study those conditions and causes which govern the spread of the disease in the community. The problem of leprosy can also be solved only if this approach towards the elucidation of its causes and their effective control is adopted. The social welfare officer should therefore be trained to participate in leprosy prevention and treatment. Provision should be made for the training of such officers. The functions of these officers will include investigation of the social, economic, dietetic and other factors in respect of individual patients and participation in the measures designed to control the adverse effects of these factors. The social welfare officer will also be responsible for organising occupational therapy so that patients who have the disease and are liable to be crippled by it will be enabled to earn a living.

(b) Stimulation of Voluntary effort.

Though leprosy work is primarily a responsibility of Government, we cannot hope to achieve much progress without the help of voluntary work. Voluntary work must be stimulated by special and generous aims.

(6) Educational propaganda.

This should preferably be done by voluntary leprosy organisations such as the All-India Leprosy Organisation (The Akil Bharata Kushta Samiti) recently founded and through the Indian Council of the British Empire Leprosy Relief Association.

(7) Child Leprosy.

Children are much more liable to leprosy infection than older persons and the most important measure for the control of the disease is prevention of infection of children. Child leprosy investigation units and sanatoria should be established. Special sections for children should also be created in exising leprosy institutions. It is impossible to segregate child cases of leprosy under village conditions and institutional isolation will be necessary.

(8) The conference recommends the establishment of a committee to report at a very early date on the steps to be taken on the creation of an All India Leprosy Teaching Research Institute and authorise the Chairman to establish this Committee.

/True Copy/

Education and Public Health.

Endt. 55463 G2/48-2 P.H. dated 23-9-48.

Sub: Leprosy - Second Health Ministers' Conference - Resolutions.

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Ref: Govt.Memo.No.24666 G1/48-7 P.H. dated 14.7.48.

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A copy of the resolutions passed by the second Health Ministers' Conference held on New Delhi from the 2nd to 5th August, 1948, on item 5 of the Agenda regarding 'Leprosy' is communicated to the Surgeon General for information and necessary action.

Sd...
20/9/48.

To

The Surgeon Gemeral

/ True Copy /

Letter: PH:
10741 G1/49-2/dated 22-3-49.

To

The Secretary to the Government of India,
Ministry of Health, New Delhi.

Sir,

Sub: Leprosy - Second Health Ministers' Conference - Resolutions.

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Wtih reference to your letter No.F.5.20/48-P&R dated 6th February 1949, I am directed to inform you as follows:-

Resolution (1) of the Conference - Provincial Leprosy Organisation.

The Madras Government have already created a Leprosy Department under the Surgeon General with an Honorary Director for Leprosy Campaign for carrying on leprosy relief work in this Province. Dr.R.G.Cochrane, M.D., F.R.C.P., (Lond.), D.T.M. & H1 is at present holding this post.

2. As a part of the post-war scheme relating to Anti-Leprosy Campaign for this Province, the Government propose to establish a Provincial Leprosy Survey Unit with headquarters at Vellore and a District Survery Unit in the South Arcot District. After some experience is gained, more District units are proposed to be opend in course of time in areas where the disease is found in an endemic form. The Provincial Survey Unit will be in charge of a Provincial Survey Officer in the grade of a first class Health Officer. He will be given the necessary training for a period of three months after which he will work in close co-operation with the Honorary Director for Leprosy Campaign for investigation and establishment of District Units in areas where the disease is highly prevalent. The District Unit, is intended for organising leprosy prevention work on a district basis. The District Survey Unit will consist of a Treatment Unit and also a Preventive Unit. The Preventive Unit would be available only for survey work while the treatment unit would provide facilities for treatment ~~Headquarters. A separate Treatment Unit will be~~ of leprosy cases, side by side with survey work. The District Survey Unit will be located at the District Headquarters. A separate Treatment Unit will be provided only in areas where leprosy is highly endemic. In other districts where leprosy is less endemic, it is considered sufficient to provide for treatment in the Headquarters Hospital itself, without making provision separately for a Treatment Unit.

Resolution (2) - Leprosy Institutions. This Government have since constituted a leprosy Enquiry Committee into enquire into the present conditions of the leprosy sanatoria in this Province with a view to suggest further improvements in medical and welfare work. The recommendations of the Conference would be borne in mind while suggesting improvements to the existing institutions on receipt of the report of the Leprosy Enquiry Committee.

Resolution (3) - Control of leprosy in groups of villages.

The District Survey Units, if opened in all the endemic areas in leprosy in this Province, will attend to this work. At present night segregation work has not been fully developed. It is being done only at Polambakkam in Chingleput District and in the Kadambuliyur firka in the South Arcot District.

Resolution (4) - Organisation of leprosy teaching.

An Ad hoc Committee was constituted by this Govern-

ment to examine and report on the present position and the further steps to be taken in the matter of leprosy treatment and prevention in this Province with reference to the Post-war schemes and the Bhore Committee's recommendations. The Committee has stressed the importance of organising teaching units in the Medical Colleges of this province. The resolutions of the Conference will be borne in mind when implementing the recommendations of the Ad hoc Committee.

Resolution (5) - Organisation of social assistance and welfare.

The Government have created the post of an Occupational Therapy and Welfare Officer for the Lady Wllingdon Leprosy Sanatorium at Tirumani to attend to the social and economic welfare of the patients and the general sanitation of the sanatorium. Social assistance and welfare work is still in the infant stage and would be gradually developed.

(b) Stimulation of voluntary effort. The Kasthurba Gandhi National Memorial Trust is doing very useful work in the cause of leprosy in the South Arcot District. There are 12 private leprosy asylums in this Province and they are treating a large number of leprosy patients with financial assistance from Government.

Resolution (6) - Educational Propaganda. The Government have already proposed to establish a separate Publicity and Welfare Organisation under the control of the Madras Provincial Branch of the British Empire Leprosy Relief Association, and to pay them a recurring as well as a non-recurring grant for maintaining the Organisation.

Resolution (7) - Child Leprosy. At present, child leprosy work is being carried on in the two institutions at Saidapet and Ettapur in the Salem District.

Resolution (8): The All India Leprosy Teaching and Research Institute constituted by the Government of India visited the L.W.L. Sanatorium at Tirumani and expressed the possibility of devloping it into a teaching and research centre on an all-India basis. The Committee stated that it would be placing its views before the Government of India and that it would be communicating the Govenment's views in due course. The report from the Government of India is being awaited.

Yours faithfully,

Sd...
18.3.49.

From the S.G.No.73581-1 P.W. dated 30.8.48.

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Please see the memorandum on pp 1-10 cf. prepared by Dr.Cochrane on Leprosy Prevention with reference to item 5 of the Agenda of the Second Health Ministers' Conference held at Delhi in August 1948. The office note on pp 1-6 above was prepared for the sake of the said conference on the basis of the memorandum prepared by Dr.Cochrane. The Conference is over and the Government of India have now sent us a copy of the Resolutions of the Conference which is at pp 23-26cf. A copy of his Resolutions may be communicated to the Surgeon General for necessary action. A copy of the memorandum of Dr.Cochrane had already been sent to him.

(X) Please see on page marked 'I'.

2. With reference to the office note in para 1 on pp 7-8 above, please see Resolution 8 of the Resolutions on p 26 cf passed at the Delhi Conference. The Surgeon General has now sent a copy of the note prepared by Dr.Cochrane containing a tentative scheme for setting up a Central Institute for research on leprosy work. He requests that a copy of it may be sent to Government of India for further consideration. The Surgeon General's suggestion may be agreed to.

3. Subject to orders on the above a draft endt. to the Surgeon General and a draft letter to the Government of India are submitted for approval. After issue the papers may for ~~further~~ time reference, be ~~Recorded.~~

G.O.MS.3250. PUBLIC HEALTH. DATED 24.9.48.

R E C O R D E D .

Sd....
25-9-48

Sub: Leprosy -Second Health Ministers' Conference held at New Delhi in August 1948 - papers recorded.

/True copy/

for SUPERINTENDENT.
2-6-1953.
Madras Record Office.

KP.25/6/53.

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